

PRELIMINARY DRAFT

TEXAS LEGISLATIVE COUNCIL
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1 SUBCHAPTER A. PUBLIC ASSISTANCE BENEFITS PROGRAM ELIGIBILITY

2 DETERMINATION AND SERVICE DELIVERY INTEGRATION

3 Revised Law

4 Sec. 545.0001. DEFINITIONS. In this subchapter:

5 (1) "Integrated system" means the integrated
6 eligibility determination and service delivery system that is
7 implemented under the integration plan.

8 (2) "Integration plan" means the plan to integrate
9 services and functions relating to eligibility determination and
10 service delivery required by Section 545.0002. (New.)

11 Revisor's Note

12 The definitions of "integrated system" and
13 "integration plan" are added to the revised law for
14 drafting convenience and to eliminate frequent,
15 unnecessary repetition of the substance of the
16 definitions.

17 Revised Law

18 Sec. 545.0002. DEVELOPMENT AND IMPLEMENTATION OF
19 INTEGRATION PLAN. (a) The commission, subject to the approval of
20 the governor and the Legislative Budget Board, shall develop and
21 implement a plan to integrate services and functions relating to
22 eligibility determination and service delivery by health and human
23 services agencies, the Texas Workforce Commission, and other
24 agencies. The integration plan must include:

25 (1) a reengineering of eligibility determination
26 business processes;

27 (2) streamlined service delivery;

28 (3) a unified and integrated process for the
29 transition from welfare to work; and

30 (4) improved access to benefits and services for
31 clients.

32 (b) In developing and implementing the integration plan,
33 the commission:

34 (1) shall give priority to the design and development

1 of computer hardware and software for and provide technical support
2 relating to the integrated eligibility determination system;

3 (2) shall consult with agencies whose programs are
4 included in the plan, including the Department of State Health
5 Services and the Texas Workforce Commission; and

6 (3) may contract for appropriate professional and
7 technical assistance.

8 (c) The commission shall develop and implement the
9 integrated system to achieve:

10 (1) increased quality of and client access to
11 services; and

12 (2) savings in the cost of providing administrative
13 and other services and staff as a result of streamlining and
14 eliminating duplication of services. (Gov. Code, Secs. 531.191(a)
15 (part), (b) (part).)

16 Source Law

17 Sec. 531.191. INTEGRATED ELIGIBILITY
18 DETERMINATION. (a) The commission, subject to the
19 approval of the governor and the Legislative Budget
20 Board, shall develop and implement a plan for the
21 integration of services and functions relating to
22 eligibility determination and service delivery by
23 health and human services agencies, the Texas
24 Workforce Commission, and other agencies. The plan
25 must include a reengineering of eligibility
26 determination business processes, streamlined service
27 delivery, a unified and integrated process for the
28 transition from welfare to work, and improved access
29 to benefits and services for clients. In developing
30 and implementing the plan, the commission:

31 (1) shall give priority to the design and
32 development of computer hardware and software for and
33 provide technical support relating to the integrated
34 eligibility determination system;

35 (2) shall consult with agencies whose
36 programs are included in the plan, including the
37 Department of Aging and Disability Services, the
38 Department of State Health Services, and the Texas
39 Workforce Commission;

40 (3) may contract for appropriate
41 professional and technical assistance; and

42 . . .
43 (b) The integrated eligibility determination
44 and service delivery system shall be developed and
45 implemented to achieve increased quality of and client
46 access to services and savings in the cost of providing
47 administrative and other services and staff resulting
48 from streamlining and eliminating duplication of
49 services. . . .

1 Revisor's Note

2 Section 531.191(a)(2), Government Code, lists
3 the agencies the Health and Human Services Commission
4 shall consult with, which includes the Department of
5 Aging and Disability Services. The Department of Aging
6 and Disability Services was abolished September 1,
7 2017, in accordance with Section 531.0202(b),
8 Government Code, which is executed law that expires
9 September 1, 2023. Because that agency has been
10 abolished, the revised law omits the reference to the
11 department as obsolete.

12 Revised Law

13 Sec. 545.0003. METHODS TO ADDRESS FRAUD AND ELIGIBILITY
14 ERROR RATE. The commission shall examine cost-effective methods to
15 address:

16 (1) fraud in assistance programs; and

17 (2) the error rate in eligibility determination.

18 (Gov. Code, Sec. 531.191(c).)

19 Source Law

20 (c) The commission shall examine cost-effective
21 methods to address:

22 (1) fraud in the assistance programs; and

23 (2) the error rate in eligibility
24 determination.

25 Revised Law

26 Sec. 545.0004. CONTRACT FOR INTEGRATION PLAN
27 IMPLEMENTATION. (a) On receipt by this state of any necessary
28 federal approval and subject to the approval of the governor and the
29 Legislative Budget Board, the commission may contract to implement
30 all or part of the integration plan if the commission determines
31 that contracting:

32 (1) may advance the objectives of Sections 545.0002
33 and 545.0006(b); and

34 (2) meets the criteria set out in the cost-benefit
35 analysis described by this section.

36 (b) Before awarding a contract, the commission shall

1 provide to the governor and the Legislative Budget Board a detailed
2 cost-benefit analysis that demonstrates:

- 3 (1) the integration plan's cost-effectiveness;
- 4 (2) mechanisms for monitoring performance under the
5 plan; and
- 6 (3) specific improvements the plan makes to the
7 service delivery system and client access.

8 (c) The commission shall make the cost-benefit analysis
9 described by Subsection (b) available to the public.

10 (d) On or before the 10th day after releasing a request for
11 bids, proposals, offers, or other applicable expressions of
12 interest relating to developing or implementing the integration
13 plan, the commission shall hold a public hearing and receive public
14 comment on the request. (Gov. Code, Sec. 531.191(d).)

15 Source Law

16 (d) On receipt by the state of any necessary
17 federal approval and subject to the approval of the
18 governor and the Legislative Budget Board, the
19 commission may contract for implementation of all or
20 part of the plan required by Subsection (a) if the
21 commission determines that contracting may advance the
22 objectives of Subsections (a) and (b) and meets the
23 criteria set out in the cost-benefit analysis
24 described in this subsection. Before the awarding of a
25 contract, the commission shall provide a detailed
26 cost-benefit analysis to the governor and the
27 Legislative Budget Board. The analysis must
28 demonstrate the cost-effectiveness of the plan,
29 mechanisms for monitoring performance under the plan,
30 and specific improvements to the service delivery
31 system and client access made by the plan. The
32 commission shall make the analysis available to the
33 public. Within 10 days after the release of a request
34 for bids, proposals, offers, or other applicable
35 expressions of interest relating to the development or
36 implementation of the plan required by Subsection (a),
37 the commission shall hold a public hearing and receive
38 public comment on the request.

39 Revised Law

40 Sec. 545.0005. USE OF OTHER AGENCIES' STAFF AND RESOURCES.

41 (a) The commission, in developing and implementing the integration
42 plan, may use the staff and resources of agencies whose programs are
43 included in the plan.

44 (b) The agencies whose programs are included in the
45 integration plan shall cooperate with a commission request to

1 provide available staff and resources that will be subject to the
2 commission's direction. (Gov. Code, Secs. 531.191(a) (part), (e).)

3 Source Law

4 (a) . . . In developing and implementing the
5 plan, the commission:

6 (4) . . .
7 (4) may use the staff and resources of
8 agencies whose programs are included in the plan.

9 (e) If requested by the commission, the agencies
10 whose programs are included in the plan required by
11 Subsection (a) shall cooperate with the commission to
12 provide available staff and resources that will be
13 subject to the direction of the commission.

14 Revised Law

15 Sec. 545.0006. FUNDING. (a) The design, development, and
16 operation of an automated data processing system to support the
17 integration plan may be financed through the issuance of bonds or
18 other obligations under Chapter 1232.

19 (b) The commission, subject to any spending limitation
20 prescribed in the General Appropriations Act, may use savings
21 described by Section 545.0002(c)(2) to further develop the
22 integrated system and provide other health and human services.
23 (Gov. Code, Secs. 531.191(b) (part), (f).)

24 Source Law

25 (b) . . . The commission, subject to any
26 spending limitation prescribed in the General
27 Appropriations Act, may use the resulting savings to
28 further develop the integrated system and to provide
29 other health and human services.

30 (f) The design, development, and operation of an
31 automated data processing system to support the plan
32 required by Subsection (a) may be financed through the
33 issuance of bonds or other obligations under Chapter
34 1232.

35 SUBCHAPTER B. ADMINISTRATION OF CERTAIN PUBLIC ASSISTANCE BENEFITS
36 PROGRAMS

37 Revised Law

38 Sec. 545.0051. CONSOLIDATED RECIPIENT IDENTIFICATION AND
39 BENEFITS ISSUANCE METHOD. (a) If the commission determines that
40 the implementation would be feasible and cost-effective, the
41 commission may develop and implement a method to consolidate, to
42 the extent possible, recipient identification and benefits

1 issuance for the commission and health and human services agencies.

2 (b) The method may:

3 (1) provide for the use of a single integrated
4 benefits issuance card or multiple cards capable of integrating
5 benefits issuance or other program functions;

6 (2) incorporate a fingerprint image identifier to
7 enable personal identity verification at a point of service and
8 reduce fraud;

9 (3) enable immediate electronic verification of
10 recipient eligibility; and

11 (4) replace multiple forms, cards, or other methods
12 used for fraud reduction or provision of health and human services
13 benefits, including:

14 (A) electronic benefits transfer cards; and

15 (B) smart cards used in Medicaid.

16 (c) In developing and implementing the method, the
17 commission shall:

18 (1) to the extent possible, use industry-standard
19 communication, messaging, and electronic benefits transfer
20 protocols;

21 (2) ensure that all identifying and descriptive
22 information of recipients of each health and human services program
23 included in the method can be accessed only by a provider or other
24 entity participating in the particular program;

25 (3) ensure that a provider or other entity
26 participating in a health and human services program included in
27 the method cannot identify whether a program recipient is receiving
28 benefits under another program included in the method; and

29 (4) ensure that the storage and communication of all
30 identifying and descriptive information included in the method
31 comply with existing federal and state privacy laws governing
32 individually identifiable information for recipients of public
33 benefits programs. (Gov. Code, Sec. 531.091.)

1 Source Law

2 Sec. 531.091. INTEGRATED BENEFITS ISSUANCE.
3 (a) The commission may develop and implement a method
4 to consolidate, to the extent possible, recipient
5 identification and benefits issuance for the
6 commission and health and human services agencies if
7 the commission determines that the implementation
8 would be feasible and cost-effective.

9 (b) The method may:

10 (1) provide for the use of a single
11 integrated benefits issuance card or multiple cards
12 capable of integrating benefits issuance or other
13 program functions;

14 (2) incorporate a fingerprint image
15 identifier to enable personal identity verification at
16 a point of service and reduce fraud;

17 (3) enable immediate electronic
18 verification of recipient eligibility; and

19 (4) replace multiple forms, cards, or
20 other methods used for fraud reduction or provision of
21 health and human services benefits, including:

22 (A) electronic benefits transfer
23 cards; and

24 (B) smart cards used in Medicaid.

25 (c) In developing and implementing the method,
26 the commission shall:

27 (1) to the extent possible, use
28 industry-standard communication, messaging, and
29 electronic benefits transfer protocols;

30 (2) ensure that all identifying and
31 descriptive information of recipients of each health
32 and human services program included in the method can
33 only be accessed by providers or other entities
34 participating in the particular program;

35 (3) ensure that a provider or other entity
36 participating in a health and human services program
37 included in the method cannot identify whether a
38 recipient of the program is receiving benefits under
39 another program included in the method; and

40 (4) ensure that the storage and
41 communication of all identifying and descriptive
42 information included in the method complies with
43 existing federal and state privacy laws governing
44 individually identifiable information for recipients
45 of public benefits programs.

46 Revised Law

47 Sec. 545.0052. EXPANSION OF BILLING COORDINATION AND
48 INFORMATION COLLECTION ACTIVITIES. (a) If cost-effective, the
49 commission may:

50 (1) contract to expand all or part of the billing
51 coordination system established under Section _____ [[[Section
52 531.02413]]] to process claims for services provided through other
53 benefits programs the commission or a health and human services
54 agency administers;

55 (2) expand any other billing coordination tools and

1 resources used to process claims for health care services provided
2 through Medicaid to process claims for services provided through
3 other benefits programs the commission or a health and human
4 services agency administers; and

5 (3) expand the scope of individuals about whom
6 information is collected under Section 32.042, Human Resources
7 Code, to include recipients of services provided through other
8 benefits programs the commission or a health and human services
9 agency administers.

10 (b) Notwithstanding any other state law, each health and
11 human services agency shall provide the commission with information
12 necessary to allow the commission or the commission's designee to
13 perform the billing coordination and information collection
14 activities authorized by this section. (Gov. Code, Sec.
15 531.024131.)

16 Source Law

17 Sec. 531.024131. EXPANSION OF BILLING
18 COORDINATION AND INFORMATION COLLECTION ACTIVITIES.

19 (a) If cost-effective, the commission may:

20 (1) contract to expand all or part of the
21 billing coordination system established under Section
22 531.02413 to process claims for services provided
23 through other benefits programs administered by the
24 commission or a health and human services agency;

25 (2) expand any other billing coordination
26 tools and resources used to process claims for health
27 care services provided through Medicaid to process
28 claims for services provided through other benefits
29 programs administered by the commission or a health
30 and human services agency; and

31 (3) expand the scope of persons about whom
32 information is collected under Section 32.042, Human
33 Resources Code, to include recipients of services
34 provided through other benefits programs administered
35 by the commission or a health and human services
36 agency.

37 (b) Notwithstanding any other state law, each
38 health and human services agency shall provide the
39 commission with any information necessary to allow the
40 commission or the commission's designee to perform the
41 billing coordination and information collection
42 activities authorized by this section.

43 Revisor's Note

44 Section 531.024131(a)(3), Government Code,
45 refers to "persons about whom information is
46 collected" under Section 32.042, Human Resources Code.

1 Section 32.042 requires health insurers to maintain
2 and provide certain information about individuals.
3 Throughout this chapter, the revised law substitutes
4 "individual" for "person" for clarity and consistency
5 where the context makes clear that the referenced
6 person is a natural person and not an entity described
7 by the definition of "person" provided by Section
8 311.005, Government Code (Code Construction Act),
9 which applies to this code.

10 Revised Law

11 Sec. 545.0053. SERVICE DELIVERY AREA ALIGNMENT.
12 Notwithstanding Section _____ [[[Section 533.0025(e)]]] or
13 any other law and to the extent possible, the commission shall align
14 Medicaid and the child health plan program service delivery areas.
15 (Gov. Code, Sec. 531.024115.)

16 Source Law

17 Sec. 531.024115. SERVICE DELIVERY AREA
18 ALIGNMENT. Notwithstanding Section 533.0025(e) or any
19 other law, to the extent possible, the commission
20 shall align service delivery areas under Medicaid and
21 the child health plan program.

22 Revised Law

23 Sec. 545.0054. PROGRAM TO IMPROVE AND MONITOR CERTAIN
24 OUTCOMES OF MEDICAID RECIPIENTS AND CHILD HEALTH PLAN PROGRAM
25 ENROLLEES. The commission may design and implement a program to
26 improve and monitor clinical and functional outcomes of a Medicaid
27 recipient or child health plan program enrollee. The program may
28 use financial, clinical, and other criteria based on pharmacy,
29 medical services, and other claims data related to Medicaid or the
30 child health plan program. (Gov. Code, Sec. 531.067.)

31 Source Law

32 Sec. 531.067. PROGRAM TO IMPROVE AND MONITOR
33 CERTAIN OUTCOMES OF RECIPIENTS UNDER CHILD HEALTH PLAN
34 PROGRAM AND MEDICAID. The commission may design and
35 implement a program to improve and monitor clinical
36 and functional outcomes of a recipient of services
37 under Medicaid or the state child health plan program.
38 The program may use financial, clinical, and other
39 criteria based on pharmacy, medical services, and
40 other claims data related to Medicaid or the child

1 health plan program.

2 Revisor's Note

3 Section 531.067, Government Code, refers to the
4 "state child health plan program." The revised law
5 substitutes "child health plan program" for "state
6 child health plan program" for clarity and consistency
7 in the terminology used in this chapter and because
8 "child health plan program" is the defined term under
9 Section 531.001, Government Code, which is revised in
10 this subtitle as Section _____ and applies to the
11 revised law in this chapter.

12 Revised Law

13 Sec. 545.0055. MINIMUM COLLECTION GOAL FOR RECOVERY OF
14 CERTAIN BENEFITS. (a) Not later than August 30 of each year, the
15 executive commissioner by rule shall set a minimum goal for the
16 commission specifying the percentage of the amount of benefits the
17 commission granted in error under the supplemental nutrition
18 assistance program under Chapter 33, Human Resources Code, or the
19 financial assistance program under Chapter 31, Human Resources
20 Code, that the commission should recover. The executive
21 commissioner shall set the percentage based on:

22 (1) comparable recovery rates other states reported;

23 or

24 (2) other appropriate factors the executive
25 commissioner identifies.

26 (b) If the commission fails to meet the goal set under
27 Subsection (a) for the fiscal year, the executive commissioner
28 shall notify the comptroller, and the comptroller shall reduce the
29 commission's general revenue appropriation by an amount equal to
30 the difference between the amount of state money the commission
31 would have collected had the commission met the goal and the amount
32 of state money the commission actually collected.

33 (c) The executive commissioner, the governor, and the
34 Legislative Budget Board shall monitor the commission's

1 performance in meeting the goal set under Subsection (a). The
2 commission shall cooperate by providing to the governor and the
3 Legislative Budget Board, on request, information concerning the
4 commission's collection efforts. (Gov. Code, Sec. 531.050.)

5 Source Law

6 Sec. 531.050. MINIMUM COLLECTION GOAL. (a)
7 Before August 31 of each year, the executive
8 commissioner by rule shall set a minimum goal for the
9 commission that specifies the percentage of the amount
10 of benefits granted by the commission in error under
11 the supplemental nutrition assistance program or the
12 program of financial assistance under Chapter 31,
13 Human Resources Code, that the commission should
14 recover. The executive commissioner shall set the
15 percentage based on comparable recovery rates reported
16 by other states or other appropriate factors
17 identified by the executive commissioner.

18 (b) If the commission fails to meet the goal set
19 under Subsection (a) for the fiscal year, the
20 executive commissioner shall notify the comptroller,
21 and the comptroller shall reduce the commission's
22 general revenue appropriation by an amount equal to
23 the difference between the amount of state funds the
24 commission would have collected had the commission met
25 the goal and the amount of state funds the commission
26 actually collected.

27 (c) The executive commissioner, the governor,
28 and the Legislative Budget Board shall monitor the
29 commission's performance in meeting the goal set under
30 this section. The commission shall cooperate by
31 providing to the governor and the Legislative Budget
32 Board, on request, information concerning the
33 commission's collection efforts.

34 Revisor's Note

35 Section 531.050(b), Government Code, refers to
36 "funds" collected by the Health and Human Services
37 Commission. The revised law substitutes "money" for
38 "funds" because, in context, the meaning is the same
39 and "money" is the more commonly used term.

40 Revised Law

41 Sec. 545.0056. DISTRIBUTION OF EARNED INCOME TAX CREDIT
42 INFORMATION. (a) The commission shall ensure that educational
43 materials relating to the federal earned income tax credit are
44 provided in accordance with this section to each individual
45 receiving assistance or benefits under:

- 46 (1) the child health plan program;
47 (2) the financial assistance program under Chapter 31,

1 Human Resources Code;

2 (3) Medicaid;

3 (4) the supplemental nutrition assistance program
4 under Chapter 33, Human Resources Code; or

5 (5) another appropriate health and human services
6 program.

7 (b) In accordance with Section _____ [[[Section
8 531.0317]]], the commission shall, by mail or through the Internet,
9 provide an individual described by Subsection (a) with access to:

10 (1) Internal Revenue Service publications relating to
11 the federal earned income tax credit or information the comptroller
12 prepares under Section 403.025 relating to that credit;

13 (2) federal income tax forms necessary to claim the
14 federal earned income tax credit; and

15 (3) where feasible, the location of at least one
16 program that:

17 (A) is in close geographic proximity to the
18 individual; and

19 (B) provides free federal income tax preparation
20 services to low-income and other eligible persons.

21 (c) In January of each year, the commission or a commission
22 representative shall mail to each individual described by
23 Subsection (a) information about the federal earned income tax
24 credit that provides the individual with referrals to the resources
25 described by Subsection (b). (Gov. Code, Sec. 531.087.)

26 Source Law

27 Sec. 531.087. DISTRIBUTION OF EARNED INCOME TAX
28 CREDIT INFORMATION. (a) The commission shall ensure
29 that educational materials relating to the federal
30 earned income tax credit are provided in accordance
31 with this section to each person receiving assistance
32 or benefits under:

- 33 (1) the child health plan program;
- 34 (2) the financial assistance program under
35 Chapter 31, Human Resources Code;
- 36 (3) Medicaid;
- 37 (4) the supplemental nutrition assistance
38 program under Chapter 33, Human Resources Code; or
- 39 (5) another appropriate health and human
40 services program.

41 (b) In accordance with Section 531.0317, the

1 commission shall, by mail or through the Internet,
2 provide a person described by Subsection (a) with
3 access to:

4 (1) Internal Revenue Service publications
5 relating to the federal earned income tax credit or
6 information prepared by the comptroller under Section
7 403.025 relating to that credit;

8 (2) federal income tax forms necessary to
9 claim the federal earned income tax credit; and

10 (3) where feasible, the location of at
11 least one program in close geographic proximity to the
12 person that provides free federal income tax
13 preparation services to low-income and other eligible
14 persons.

15 (c) In January of each year, the commission or a
16 representative of the commission shall mail to each
17 person described by Subsection (a) information about
18 the federal earned income tax credit that provides the
19 person with referrals to the resources described by
20 Subsection (b).

21 Revised Law

22 Sec. 545.0057. APPLICATION ASSISTANCE FOR FINANCIAL
23 ASSISTANCE RECIPIENTS ELIGIBLE FOR FEDERAL PROGRAMS. The
24 commission shall assist recipients of financial assistance under
25 Chapter 31, Human Resources Code, who are eligible for assistance
26 under federal programs to apply for benefits under those federal
27 programs. The commission may delegate this responsibility to a
28 health and human services agency, contract with a unit of local
29 government, or use any other cost-effective method to assist
30 financial assistance recipients who are eligible for federal
31 programs. (Gov. Code, Sec. 531.044.)

32 Source Law

33 Sec. 531.044. FINANCIAL ASSISTANCE RECIPIENTS
34 ELIGIBLE FOR FEDERAL PROGRAMS. The commission shall
35 assist recipients of financial assistance under
36 Chapter 31, Human Resources Code, who are eligible for
37 assistance under federal programs to apply for
38 benefits under those federal programs. The commission
39 may delegate this responsibility to a health and human
40 services agency, contract with a unit of local
41 government, or use any other cost-effective method to
42 assist financial assistance recipients who are
43 eligible for federal programs.

44 SUBCHAPTER C. CERTAIN PUBLIC ASSISTANCE BENEFITS PROGRAM

45 ELIGIBILITY

46 Revised Law

47 Sec. 545.0101. MEMORANDUM OF UNDERSTANDING REGARDING
48 MEDICAID AND CHILD HEALTH PLAN PROGRAM ELIGIBILITY DETERMINATIONS
49 FOR CERTAIN CHILDREN. (a) The commission shall enter into a

1 memorandum of understanding with the Texas Juvenile Justice
2 Department to ensure that the commission assesses each individual
3 who is committed, placed, or detained under Title 3, Family Code,
4 for Medicaid and child health plan program eligibility before that
5 individual's release from commitment, placement, or detention. A
6 local juvenile probation department is subject to the requirements
7 of the memorandum.

8 (b) The memorandum of understanding must specify:

9 (1) the information that must be provided to the
10 commission;

11 (2) the process by which and time frame within which
12 the information must be provided; and

13 (3) the roles and responsibilities of all parties to
14 the memorandum, including a requirement that the commission pursue
15 the actions necessary to complete eligibility applications.

16 (c) The memorandum of understanding must be tailored to:

17 (1) achieve the goal of ensuring that an individual
18 described by Subsection (a) who the commission determines is
19 eligible for Medicaid or the child health plan program:

20 (A) is enrolled in the program for which the
21 individual is eligible; and

22 (B) may begin receiving services through the
23 program as soon as possible after the eligibility determination is
24 made; and

25 (2) if possible, achieve the goal of ensuring that the
26 individual may begin receiving services through the program on the
27 date of the individual's release from commitment, placement, or
28 detention.

29 (d) The executive commissioner may adopt rules as necessary
30 to implement this section. (Gov. Code, Sec. 531.02418.)

31 Source Law

32 Sec. 531.02418. MEDICAID AND CHILD HEALTH PLAN
33 PROGRAM ELIGIBILITY DETERMINATIONS FOR CERTAIN
34 INDIVIDUALS. (a) The commission shall enter into a
35 memorandum of understanding with the Texas Juvenile
36 Justice Department to ensure that each individual who

1 is committed, placed, or detained under Title 3,
2 Family Code, is assessed by the commission for
3 eligibility for Medicaid and the child health plan
4 program before that individual's release from
5 commitment, placement, or detention. Local juvenile
6 probation departments are subject to the requirements
7 of the memorandum.

8 (c) The memorandum of understanding entered
9 into as required by this section must specify:

10 (1) the information that must be provided
11 to the commission;

12 (2) the process by which and time frame
13 within which the information must be provided; and

14 (3) the roles and responsibilities of all
15 parties to the memorandum, which must include a
16 requirement that the commission pursue the actions
17 needed to complete eligibility applications as
18 necessary.

19 (d) The memorandum of understanding required by
20 Subsection (a) must be tailored to achieve the goal of
21 ensuring that an individual described by Subsection
22 (a) who is determined eligible by the commission for
23 coverage under Medicaid or the child health plan
24 program is enrolled in the program for which the
25 individual is eligible and may begin receiving
26 services through the program as soon as possible after
27 the eligibility determination is made and, if
28 possible, to achieve the goal of ensuring that the
29 individual may begin receiving those services on the
30 date of the individual's release from placement,
31 detention, or commitment.

32 (e) The executive commissioner may adopt rules
33 as necessary to implement this section.

34 Revised Law

35 Sec. 545.0102. VERIFICATION OF IMMIGRATION STATUS OF
36 CERTAIN APPLICANTS FOR PUBLIC ASSISTANCE BENEFITS. (a) This
37 section applies only with respect to the following benefits
38 programs:

39 (1) the child health plan program under Chapter 62,
40 Health and Safety Code;

41 (2) the financial assistance program under Chapter 31,
42 Human Resources Code;

43 (3) Medicaid; and

44 (4) the supplemental nutrition assistance program
45 under Chapter 33, Human Resources Code.

46 (b) If an individual states at the time of application for
47 benefits under a program to which this section applies that the
48 individual is a qualified alien, as that term is defined by 8 U.S.C.
49 Section 1641(b), the commission shall, to the extent allowed by
50 federal law, verify information regarding the individual's

1 immigration status using an automated system where available.

2 (c) The executive commissioner shall adopt rules necessary
3 to implement this section.

4 (d) Nothing in this section adds to or changes the
5 eligibility requirements for a benefits program to which this
6 section applies. (Gov. Code, Sec. 531.024181.)

7 Source Law

8 Sec. 531.024181. VERIFICATION OF IMMIGRATION
9 STATUS OF APPLICANTS FOR CERTAIN BENEFITS WHO ARE
10 QUALIFIED ALIENS. (a) This section applies only with
11 respect to the following benefits programs:

12 (1) the child health plan program under
13 Chapter 62, Health and Safety Code;

14 (2) the financial assistance program under
15 Chapter 31, Human Resources Code;

16 (3) Medicaid; and

17 (4) the supplemental nutrition assistance
18 program under Chapter 33, Human Resources Code.

19 (b) If, at the time of application for benefits
20 under a program to which this section applies, a person
21 states that the person is a qualified alien, as that
22 term is defined by 8 U.S.C. Section 1641(b), the
23 commission shall, to the extent allowed by federal
24 law, verify information regarding the immigration
25 status of the person using an automated system or
26 systems where available.

27 (c) The executive commissioner shall adopt
28 rules necessary to implement this section.

29 (d) Nothing in this section adds to or changes
30 the eligibility requirements for any of the benefits
31 programs to which this section applies.

32 Revisor's Note

33 Section 531.024181(b), Government Code, refers
34 to using an "automated system or systems." The revised
35 law omits "or systems" because Section 311.012(b),
36 Government Code (Code Construction Act), which applies
37 to this code, provides that a reference to the singular
38 includes the plural and vice versa.

39 Revised Law

40 Sec. 545.0103. VERIFICATION OF SPONSORSHIP INFORMATION FOR
41 CERTAIN BENEFITS RECIPIENTS OR ENROLLEES; REIMBURSEMENT. (a) In
42 this section, "sponsored alien" means an individual who:

43 (1) has been lawfully admitted to the United States
44 for permanent residence under the Immigration and Nationality Act
45 (8 U.S.C. Section 1101 et seq.); and

1 (2) as a condition of that admission, was sponsored by
2 another individual who executed an affidavit of support on the
3 lawfully admitted individual's behalf.

4 (b) This section applies only with respect to the following
5 benefits programs:

6 (1) the child health plan program under Chapter 62,
7 Health and Safety Code;

8 (2) the financial assistance program under Chapter 31,
9 Human Resources Code;

10 (3) Medicaid; and

11 (4) the supplemental nutrition assistance program
12 under Chapter 33, Human Resources Code.

13 (c) If an individual states at the time of application for
14 benefits under a program to which this section applies that the
15 individual is a sponsored alien, the commission:

16 (1) shall make a reasonable effort to notify the
17 individual that the commission may seek reimbursement from the
18 individual's sponsor for any program benefits the individual
19 receives; and

20 (2) may, to the extent allowed by federal law and using
21 an automated system where available, verify information relating to
22 the sponsorship after the individual is determined eligible for and
23 begins receiving program benefits.

24 (d) If the commission verifies that an individual who
25 receives benefits under a program to which this section applies is a
26 sponsored alien and determines that seeking reimbursement is
27 cost-effective, the commission may seek reimbursement from the
28 individual's sponsor for the program benefits provided to the
29 individual to the extent allowed by federal law.

30 (e) The executive commissioner shall adopt rules necessary
31 to implement this section, including rules that specify the most
32 cost-effective procedures by which the commission may seek
33 reimbursement under Subsection (d).

34 (f) Nothing in this section adds to or changes the

1 eligibility requirements for a benefits program to which this
2 section applies. (Gov. Code, Sec. 531.024182.)

3 Source Law

4 Sec. 531.024182. VERIFICATION OF SPONSORSHIP
5 INFORMATION FOR CERTAIN BENEFITS RECIPIENTS;
6 REIMBURSEMENT. (a) In this section, "sponsored
7 alien" means a person who has been lawfully admitted to
8 the United States for permanent residence under the
9 Immigration and Nationality Act (8 U.S.C. Section 1101
10 et seq.) and who, as a condition of admission, was
11 sponsored by a person who executed an affidavit of
12 support on behalf of the person.

13 (b) If, at the time of application for benefits,
14 a person stated that the person is a sponsored alien,
15 the commission may, to the extent allowed by federal
16 law, verify information relating to the sponsorship,
17 using an automated system or systems where available,
18 after the person is determined eligible for and begins
19 receiving benefits under any of the following benefits
20 programs:

21 (1) the child health plan program under
22 Chapter 62, Health and Safety Code;

23 (2) the financial assistance program under
24 Chapter 31, Human Resources Code;

25 (3) Medicaid; or

26 (4) the supplemental nutrition assistance
27 program under Chapter 33, Human Resources Code.

28 (c) If the commission verifies that a person who
29 receives benefits under a program listed in Subsection
30 (b) is a sponsored alien, the commission may seek
31 reimbursement from the person's sponsor for benefits
32 provided to the person under those programs to the
33 extent allowed by federal law, provided the commission
34 determines that seeking reimbursement is
35 cost-effective.

36 (d) If, at the time a person applies for
37 benefits under a program listed in Subsection (b), the
38 person states that the person is a sponsored alien, the
39 commission shall make a reasonable effort to notify
40 the person that the commission may seek reimbursement
41 from the person's sponsor for any benefits the person
42 receives under those programs.

43 (e) The executive commissioner shall adopt
44 rules necessary to implement this section, including
45 rules that specify the most cost-effective procedures
46 by which the commission may seek reimbursement under
47 Subsection (c).

48 (f) Nothing in this section adds to or changes
49 the eligibility requirements for any of the benefits
50 programs listed in Subsection (b).

51 Revisor's Note

52 Section 531.024182(b), Government Code, refers
53 to using an "automated system or systems." The revised
54 law omits "or systems" for the reason stated in the
55 revisor's note to Section 545.0102 of this chapter.

56 Revised Law

57 Sec. 545.0104. CALL CENTERS. (a) If cost-effective, the

1 executive commissioner by rule shall establish at least one but not
2 more than four call centers to determine and certify or recertify an
3 individual's eligibility and need for services related to the
4 following programs:

5 (1) the child health plan program;

6 (2) the financial assistance program under Chapter 31,
7 Human Resources Code;

8 (3) Medicaid;

9 (4) nutritional assistance programs under Chapter 33,
10 Human Resources Code;

11 (5) long-term care services, as defined by Section
12 22.0011, Human Resources Code;

13 (6) community-based support services identified or
14 provided in accordance with Section _____ [[[Section 531.02481]]];
15 and

16 (7) other health and human services programs, as
17 appropriate.

18 (b) The commission shall contract with at least one but not
19 more than four private entities to operate the call centers unless
20 the commission determines that contracting would not be
21 cost-effective.

22 (c) Each call center:

23 (1) must be located in this state, except that this
24 subdivision does not prohibit a call center located in this state
25 from processing overflow calls through a center located in another
26 state; and

27 (2) shall provide translation services as required by
28 federal law for consumers who are unable to speak, hear, or
29 comprehend the English language.

30 (d) The commission shall develop consumer service and
31 performance standards for the operation of each call center and
32 make those standards available to the public. The standards must
33 address a call center's:

34 (1) ability to serve consumers in a timely manner,

1 including consideration of:

2 (A) consumers' ability to access the call center;

3 (B) whether the call center has toll-free
4 telephone access;

5 (C) the average amount of time a consumer spends
6 on hold;

7 (D) the frequency of call transfers;

8 (E) whether a consumer is able to communicate
9 with a live individual at the call center; and

10 (F) whether the call center makes mail
11 correspondence available;

12 (2) staff, including employee courtesy, friendliness,
13 training, and knowledge about the programs listed under Subsection
14 (a); and

15 (3) complaint handling procedures, including:

16 (A) the level of difficulty involved in filing a
17 complaint; and

18 (B) whether the call center's complaint
19 responses are timely.

20 (e) The commission shall develop:

21 (1) mechanisms for measuring consumer service
22 satisfaction; and

23 (2) performance measures to evaluate whether each call
24 center meets the standards the commission develops under Subsection
25 (d).

26 (f) The commission may inspect a call center and analyze the
27 call center's consumer service performance through a consumer
28 service evaluator posing as a consumer.

29 (g) Notwithstanding Subsection (a), the executive
30 commissioner shall develop and implement policies that provide an
31 applicant for services related to a program listed under Subsection
32 (a) with an opportunity to appear in person to establish initial
33 eligibility or comply with periodic eligibility recertification
34 requirements if the applicant requests a personal interview. In

1 implementing the policies, the commission shall maintain offices to
2 serve applicants who request a personal interview. This subsection
3 does not affect a law or rule that requires an applicant to appear
4 in person to establish initial eligibility or comply with periodic
5 eligibility recertification requirements. (Gov. Code, Sec.
6 531.063.)

7 Source Law

8 Sec. 531.063. CALL CENTERS. (a) The executive
9 commissioner by rule shall establish at least one but
10 not more than four call centers for purposes of
11 determining and certifying or recertifying a person's
12 eligibility and need for services related to the
13 programs listed under Section 531.008(c), if
14 cost-effective.

15 (b) The commission shall contract with at least
16 one but not more than four private entities for the
17 operation of call centers required by this section
18 unless the commission determines that contracting
19 would not be cost-effective.

20 (c) Each call center required by this section
21 must be located in this state. This subsection does
22 not prohibit a call center located in this state from
23 processing overflow calls through a center located in
24 another state.

25 (d) Each call center required by this section
26 shall provide translation services as required by
27 federal law for clients unable to speak, hear, or
28 comprehend the English language.

29 (e) The commission shall develop consumer
30 service and performance standards for the operation of
31 each call center required by this section. The
32 standards shall address a call center's:

33 (1) ability to serve its consumers in a
34 timely manner, including consideration of the
35 consumers' ability to access the call center, whether
36 the call center has toll-free telephone access, the
37 average amount of time a consumer spends on hold, the
38 frequency of call transfers, whether a consumer is
39 able to communicate with a live person at the call
40 center, and whether the call center makes mail
41 correspondence available;

42 (2) staff, including employee courtesy,
43 friendliness, training, and knowledge about the
44 programs listed under Section 531.008(c); and

45 (3) complaint handling procedures,
46 including the level of difficulty involved in filing a
47 complaint and whether the call center's complaint
48 responses are timely.

49 (f) The commission shall make available to the
50 public the standards developed under Subsection (e).

51 (g) The commission shall develop:

52 (1) mechanisms for measuring consumer
53 service satisfaction; and

54 (2) performance measures to evaluate
55 whether each call center meets the standards developed
56 under Subsection (e).

57 (h) The commission may inspect each call center
58 and analyze its consumer service performance through
59 use of a consumer service evaluator who poses as a
60 consumer of the call center.

1 (i) Notwithstanding Subsection (a), the
2 executive commissioner shall develop and implement
3 policies that provide an applicant for services
4 related to the programs listed under Section
5 531.008(c) with an opportunity to appear in person to
6 establish initial eligibility or to comply with
7 periodic eligibility recertification requirements if
8 the applicant requests a personal interview. In
9 implementing the policies, the commission shall
10 maintain offices to serve applicants who request a
11 personal interview. This subsection does not affect a
12 law or rule that requires an applicant to appear in
13 person to establish initial eligibility or to comply
14 with periodic eligibility recertification
15 requirements.

16 Revisor's Note

17 (1) Section 531.063(a), Government Code, refers
18 to "the programs listed under Section 531.008(c),"
19 Government Code. Before the enactment of Chapter 837
20 (S.B. 200), Acts of the 84th Legislature, Regular
21 Session, 2015, Section 531.008(c) required the
22 establishment within the Health and Human Services
23 Commission of a division to make eligibility
24 determinations for listed health and human services
25 programs. Section 1.09 of Chapter 837 amended Section
26 531.008(c) and repealed that list of programs.
27 Because the remaining reference to "the programs
28 listed under Section 531.008(c)" in Section 531.063(a)
29 is an oversight, the revised law substitutes for the
30 quoted language the health and human services programs
31 that were listed in Section 531.008(c) before the
32 subsection was amended.

33 (2) Section 531.063(d), Government Code,
34 requires that each call center required by Section
35 531.063, Government Code, provide certain translation
36 services for "clients." Sections 531.063(e), (g), and
37 (h), Government Code, refer to an individual a call
38 center serves as a "consumer." For consistency of
39 terminology throughout this section, the revised law
40 substitutes "consumers" for "clients."

1 Revisor's Note
2 (End of Subchapter)

3 Section 531.02415, Government Code, requires the
4 Health and Human Services Commission to establish a
5 pilot project to determine the feasibility, costs, and
6 benefits of accepting, for the purpose of establishing
7 eligibility for benefits under state and federal
8 health and human services programs the commission
9 administers, the direct importation of electronic
10 eligibility information from an electronic system
11 operated by a regional safety net provider
12 collaborative organization and to expand that system
13 not later than September 1, 2010. According to the
14 commission, the commission established the pilot
15 program in accordance with Section 531.02415 and
16 subsequently discontinued operation of the program.
17 Accordingly, the revised law omits the provision as
18 executed. The omitted law reads:

19 Sec. 531.02415. ELECTRONIC
20 ELIGIBILITY INFORMATION PILOT PROJECT. (a)
21 The commission shall establish a pilot
22 project in at least one urban area of this
23 state to determine the feasibility, costs,
24 and benefits of accepting, for the purpose
25 of establishing eligibility for benefits
26 under state and federal health and human
27 services programs administered by the
28 commission, the direct importation of
29 electronic eligibility information from an
30 electronic system operated by a regional
31 safety net provider collaborative
32 organization.

33 (a-1) Not later than September 1,
34 2010, the commission shall expand the pilot
35 project to at least one additional urban
36 area of this state if the commission has
37 implemented the Texas Integrated
38 Eligibility Redesign System (TIERS) in the
39 area selected for the expansion.

40 (b) An area selected for the pilot
41 project under this section must possess a
42 functioning safety net provider
43 collaborative organization that includes a
44 network of providers and assesses
45 eligibility for health and human services
46 programs using electronic systems. The
47 electronic systems used by the
48 collaborative organization must be able to
49 interface with electronic systems managed
50 by the commission to enable the commission
51 to import application and eligibility

1 information regarding applicants for health
2 and human services programs.

3 (c) In establishing a pilot project
4 under this section, the commission shall:

5 (1) create a project in which
6 regional indigent care networks interface
7 with the commission through the Texas
8 Integrated Eligibility Redesign System
9 (TIERS) or another state electronic
10 eligibility system, as appropriate, to
11 share electronic applications for indigent
12 care created by the care network with the
13 commission to facilitate enrollment in
14 health and human services programs
15 administered by the commission;

16 (2) automatically import the
17 application information submitted under
18 Subdivision (1) with minimal human
19 intervention to eliminate double data entry
20 and data entry errors and to ensure most
21 appropriate use of commission resources
22 while maintaining program integrity;

23 (3) solicit and obtain support
24 for the project from local officials and
25 indigent care providers;

26 (4) ensure that all identifying
27 and descriptive information of recipients
28 in each health and human services program
29 included in the project can only be accessed
30 by providers or other entities
31 participating in the project; and

32 (5) ensure that the storage and
33 communication of all identifying and
34 descriptive information included in the
35 project complies with existing federal and
36 state privacy laws governing individually
37 identifiable information for recipients of
38 public benefits programs.

39 (d) In implementing the project under
40 Subsection (c), the commission shall review
41 and process applications in a timely manner
42 and, to the extent allowed by federal law
43 and regulations, work directly with each
44 organization to obtain missing documents
45 and resolve issues that impede enrollment.
46 Each organization must be authorized by the
47 applicant to receive information concerning
48 the applicant directly from the commission.

49 SUBCHAPTER D. ADMINISTRATIVE AND JUDICIAL REVIEW OF CERTAIN PUBLIC
50 ASSISTANCE BENEFITS DECISIONS

51 Revised Law

52 Sec. 545.0151. DEFINITION. In this subchapter, "public
53 assistance benefits" means benefits provided under a public
54 assistance program under Chapter 31, 32, or 33, Human Resources
55 Code. (Gov. Code, Sec. 531.019(a).)

56 Source Law

57 Sec. 531.019. ADMINISTRATIVE AND JUDICIAL
58 REVIEW OF CERTAIN DECISIONS. (a) In this section,
59 "public assistance benefits" means benefits provided

1 under a public assistance program under Chapter 31,
2 32, or 33, Human Resources Code.

3 Revised Law

4 Sec. 545.0152. ELECTRONIC RECORDING OF HEARING. A hearing
5 conducted by the commission, or by a health and human services
6 agency to which the commission delegates a function related to
7 public assistance benefits, that relates to a decision regarding
8 public assistance benefits that is contested by an applicant for or
9 recipient of the benefits must be recorded electronically. (Gov.
10 Code, Sec. 531.019(b) (part).)

11 Source Law

12 (b) The proceedings of a hearing related to a
13 decision regarding public assistance benefits
14 contested by an applicant for or recipient of the
15 benefits that is conducted by the commission or a
16 health and human services agency to which the
17 commission delegates a function related to the
18 benefits must be recorded electronically. . . .

19 Revised Law

20 Sec. 545.0153. ADMINISTRATIVE REVIEW. (a) Before an
21 applicant for or recipient of public assistance benefits appeals a
22 decision of a hearing officer for the commission or a health and
23 human services agency related to those benefits and in accordance
24 with rules of the executive commissioner, the applicant or
25 recipient must request an administrative review by an appropriate
26 attorney of the commission or a health and human services agency, as
27 applicable.

28 (b) Not later than the 15th business day after the date the
29 appropriate attorney described by Subsection (a) receives the
30 request for administrative review, the attorney shall:

- 31 (1) complete an administrative review of the decision;
32 and
33 (2) notify the applicant or recipient in writing of
34 the results of that review. (Gov. Code, Sec. 531.019(c).)

35 Source Law

36 (c) Before an applicant for or recipient of
37 public assistance benefits may appeal a decision of a
38 hearing officer for the commission or a health and
39 human services agency related to those benefits, the
40 applicant or recipient must request an administrative

1 review by an appropriate attorney of the commission or
2 a health and human services agency, as applicable, in
3 accordance with rules of the executive commissioner.
4 Not later than the 15th business day after the date the
5 attorney receives the request for administrative
6 review, the attorney shall complete an administrative
7 review of the decision and notify the applicant or
8 recipient in writing of the results of that review.

9 Revised Law

10 Sec. 545.0154. JUDICIAL REVIEW. (a) An appeal of a
11 decision made by a hearing officer for the commission or a health
12 and human services agency related to public assistance benefits
13 brought by an applicant for or recipient of the benefits:

14 (1) is governed by Subchapters G and H, Chapter 2001,
15 except as provided by this subchapter; and

16 (2) takes precedence over all civil cases except
17 workers' compensation and unemployment compensation cases.

18 (b) For purposes of Section 2001.171, an applicant for or
19 recipient of public assistance benefits:

20 (1) has exhausted all available administrative
21 remedies and a decision, including a decision under Section 31.034
22 or 32.035, Human Resources Code, is final and appealable on the date
23 that, after a hearing:

24 (A) the hearing officer for the commission or a
25 health and human services agency reaches a final decision related
26 to the benefits; and

27 (B) the appropriate attorney:

28 (i) completes an administrative review of
29 the decision; and

30 (ii) notifies the applicant or recipient in
31 writing of the results of that review; and

32 (2) is not required to file a motion for rehearing with
33 the commission or a health and human services agency, as
34 applicable.

35 (c) Notwithstanding Section 2001.177, the cost of preparing
36 the record and transcript of a hearing described by Section
37 545.0152 that is required to be sent to a reviewing court may not be
38 charged to the applicant for or recipient of the public assistance

1 benefits.

2 (d) Judicial review of a decision described by Subsection
3 (a) is:

4 (1) instituted by filing a petition with a district
5 court in Travis County, as provided by Subchapter G, Chapter 2001;
6 and

7 (2) under the substantial evidence rule.

8 (e) The appellee is the commission. (Gov. Code, Secs.
9 531.019(b) (part), (d), (e), (f), (g), (h), (i).)

10 Source Law

11 (b) . . . Notwithstanding Section 2001.177, the
12 cost of preparing the record and transcript required
13 to be sent to a reviewing court may not be charged to
14 the applicant for or recipient of the benefits.

15 (d) Except as provided by this section,
16 Subchapters G and H, Chapter 2001, govern an appeal of
17 a decision made by a hearing officer for the commission
18 or a health and human services agency related to public
19 assistance benefits brought by an applicant for or
20 recipient of the benefits.

21 (e) For purposes of Section 2001.171, an
22 applicant for or recipient of public assistance
23 benefits has exhausted all available administrative
24 remedies and a decision, including a decision under
25 Section 31.034 or 32.035, Human Resources Code, is
26 final and appealable on the date that, after a hearing:

27 (1) the hearing officer for the commission
28 or a health and human services agency reaches a final
29 decision related to the benefits; and

30 (2) the appropriate attorney completes an
31 administrative review of the decision and notifies the
32 applicant or recipient in writing of the results of
33 that review.

34 (f) For purposes of Section 2001.171, an
35 applicant for or recipient of public assistance
36 benefits is not required to file a motion for rehearing
37 with the commission or a health and human services
38 agency, as applicable.

39 (g) Judicial review of a decision made by a
40 hearing officer for the commission or a health and
41 human services agency related to public assistance
42 benefits is under the substantial evidence rule and is
43 instituted by filing a petition with a district court
44 in Travis County, as provided by Subchapter G, Chapter
45 2001.

46 (h) An appeal described by Subsection (d) takes
47 precedence over all civil cases except workers'
48 compensation and unemployment compensation cases.

49 (i) The appellee is the commission.

50 SUBCHAPTER E. CERTAIN PUBLIC ASSISTANCE BENEFITS PROGRAM PROVIDERS

51 Revised Law

52 Sec. 545.0201. COMPLIANCE WITH SOLICITATION PROHIBITIONS.

1 (a) In this section, "furnish" and "provider" have the meanings
2 assigned by Section _____ [[[Section 531.1011]]].

3 (b) A provider who furnishes Medicaid or child health plan
4 program services is subject to Chapter 102, Occupations Code. The
5 provider's compliance with that chapter is a condition of the
6 provider's eligibility to participate as a provider under those
7 programs. (Gov. Code, Sec. 531.116; New.)

8 Source Law

9 Sec. 531.116. COMPLIANCE WITH LAW PROHIBITING
10 SOLICITATION. A provider who furnishes services under
11 Medicaid or the child health plan program is subject to
12 Chapter 102, Occupations Code, and the provider's
13 compliance with that chapter is a condition of the
14 provider's eligibility to participate as a provider
15 under those programs.

16 Revisor's Note

17 Section 531.116, Government Code, refers to a
18 "provider" who "furnishes" certain services. Sections
19 531.1011(5) and (10), Government Code, define
20 "furnished" and "provider," respectively, for
21 purposes of "this subchapter," meaning Subchapter C,
22 Chapter 531, Government Code. The majority of that
23 subchapter is revised in this title as Subchapter __,
24 Chapter __, and the definitions applicable to
25 Subchapter C, Chapter 531, are revised as Section
26 _____ [[[Section 531.1011]]] of Subchapter __, Chapter
27 __. Section 531.116 is also a provision of Subchapter
28 C, Chapter 531. The revised law adds a cross-reference
29 to the definitions of "furnish" and "provider" that
30 are derived from Sections 531.1011(5) and (10) to
31 preserve their applicability to the law revised in
32 this section.

33 Revised Law

34 Sec. 545.0202. MARKETING ACTIVITIES BY MEDICAID OR CHILD
35 HEALTH PLAN PROGRAM PROVIDERS. (a) A Medicaid or child health plan
36 program provider, including a provider participating in the network
37 of a managed care organization that contracts with the commission

1 to provide services under Medicaid or the child health plan
2 program, may not engage in any marketing activity, including
3 engaging in the dissemination of material or another attempt to
4 communicate, that:

5 (1) involves unsolicited personal contact with a
6 Medicaid recipient or a parent whose child is a Medicaid recipient
7 or child health plan program enrollee, including by:

8 (A) door-to-door solicitation;

9 (B) solicitation at a child-care facility or
10 other type of facility;

11 (C) direct mail; or

12 (D) telephone;

13 (2) is directed at an individual solely because the
14 individual is a Medicaid recipient or is a parent of a child who is a
15 Medicaid recipient or child health plan program enrollee; and

16 (3) is intended to influence the Medicaid recipient's
17 or parent's choice of provider.

18 (b) A provider participating in the network of a managed
19 care organization that contracts with the commission to provide
20 services under Medicaid or the child health plan program must
21 comply with the marketing guidelines the commission establishes
22 under Section _____ [[[Section 533.008]]].

23 (c) Nothing in this section prohibits:

24 (1) a Medicaid or child health plan program provider
25 from:

26 (A) engaging in a marketing activity, including
27 engaging in the dissemination of material or another attempt to
28 communicate, that is intended to influence the choice of provider
29 by a Medicaid recipient or a parent whose child is a Medicaid
30 recipient or child health plan program enrollee, if the marketing
31 activity:

32 (i) is conducted at a community-sponsored
33 educational event, health fair, outreach activity, or other similar
34 community or nonprofit event in which the provider participates and

1 does not involve unsolicited personal contact or promotion of the
2 provider's practice; or

3 (ii) involves only the general
4 dissemination of information, including by television, radio,
5 newspaper, or billboard advertisement, and does not involve
6 unsolicited personal contact;

7 (B) as permitted under the provider's contract,
8 engaging in the dissemination of material or another attempt to
9 communicate with a Medicaid recipient or a parent whose child is a
10 Medicaid recipient or child health plan program enrollee, including
11 communication in person or by direct mail or telephone, to:

12 (i) provide an appointment reminder;

13 (ii) distribute promotional health
14 materials;

15 (iii) provide information about the types
16 of services the provider offers; or

17 (iv) coordinate patient care; or

18 (C) engaging in a marketing activity that the
19 provider has submitted for review and for which the provider has
20 received a notice of prior authorization under Subsection (d); or

21 (2) a STAR+PLUS Medicaid managed care program provider
22 from, as permitted under the provider's contract, engaging in a
23 marketing activity, including engaging in the dissemination of
24 material or another attempt to communicate, that is intended to
25 educate a Medicaid recipient about available long-term services and
26 supports.

27 (d) The commission shall establish a process by which a
28 provider may submit a proposed marketing activity for review and
29 prior authorization to ensure that the provider is in compliance
30 with the requirements of this section and, if applicable, Section
31 _____ [[[Section 533.008]]], or to determine whether the provider
32 is exempt from a requirement of this section and, if applicable,
33 Section _____ [[[Section 533.008]]]. The commission may grant or
34 deny a provider's request for authorization to engage in a proposed

1 marketing activity.

2 (e) The executive commissioner shall adopt rules as
3 necessary to implement this section, including rules relating to
4 provider marketing activities that are exempt from the requirements
5 of this section and, if applicable, Section _____ [[[Section
6 533.008]]]. (Gov. Code, Sec. 531.02115.)

7 Source Law

8 Sec. 531.02115. MARKETING ACTIVITIES BY
9 PROVIDERS PARTICIPATING IN MEDICAID OR CHILD HEALTH
10 PLAN PROGRAM. (a) A provider participating in
11 Medicaid or the child health plan program, including a
12 provider participating in the network of a managed
13 care organization that contracts with the commission
14 to provide services under Medicaid or the child health
15 plan program, may not engage in any marketing
16 activity, including any dissemination of material or
17 other attempt to communicate, that:

18 (1) involves unsolicited personal
19 contact, including by door-to-door solicitation,
20 solicitation at a child-care facility or other type of
21 facility, direct mail, or telephone, with a Medicaid
22 client or a parent whose child is enrolled in Medicaid
23 or the child health plan program;

24 (2) is directed at the client or parent
25 solely because the client or the parent's child is
26 receiving benefits under Medicaid or the child health
27 plan program; and

28 (3) is intended to influence the client's
29 or parent's choice of provider.

30 (b) In addition to the requirements of
31 Subsection (a), a provider participating in the
32 network of a managed care organization described by
33 that subsection must comply with the marketing
34 guidelines established by the commission under Section
35 533.008.

36 (c) Nothing in this section prohibits:

37 (1) a provider participating in Medicaid
38 or the child health plan program from:

39 (A) engaging in a marketing activity,
40 including any dissemination of material or other
41 attempt to communicate, that is intended to influence
42 the choice of provider by a Medicaid client or a parent
43 whose child is enrolled in Medicaid or the child health
44 plan program, if the marketing activity:

45 (i) is conducted at a
46 community-sponsored educational event, health fair,
47 outreach activity, or other similar community or
48 nonprofit event in which the provider participates and
49 does not involve unsolicited personal contact or
50 promotion of the provider's practice; or

51 (ii) involves only the general
52 dissemination of information, including by
53 television, radio, newspaper, or billboard
54 advertisement, and does not involve unsolicited
55 personal contact;

56 (B) as permitted under the provider's
57 contract, engaging in the dissemination of material or
58 another attempt to communicate with a Medicaid client
59 or a parent whose child is enrolled in Medicaid or the
60 child health plan program, including communication in

1 person or by direct mail or telephone, for the purpose
2 of:

3 (i) providing an appointment
4 reminder;

5 (ii) distributing promotional
6 health materials;

7 (iii) providing information
8 about the types of services offered by the provider; or

9 (iv) coordinating patient care;
10 or

11 (C) engaging in a marketing activity
12 that has been submitted for review and obtained a
13 notice of prior authorization from the commission
14 under Subsection (d); or

15 (2) a provider participating in the STAR +
16 PLUS Medicaid managed care program from, as permitted
17 under the provider's contract, engaging in a marketing
18 activity, including any dissemination of material or
19 other attempt to communicate, that is intended to
20 educate a Medicaid client about available long-term
21 care services and supports.

22 (d) The commission shall establish a process by
23 which providers may submit proposed marketing
24 activities for review and prior authorization to
25 ensure that providers are in compliance with the
26 requirements of this section and, if applicable,
27 Section 533.008, or to determine whether the providers
28 are exempt from a requirement of this section and, if
29 applicable, Section 533.008. The commission may grant
30 or deny a provider's request for authorization to
31 engage in a proposed marketing activity.

32 (e) The executive commissioner shall adopt
33 rules as necessary to implement this section,
34 including rules relating to provider marketing
35 activities that are exempt from the requirements of
36 this section and, if applicable, Section 533.008.

37 Revisor's Note

38 (1) Sections 531.02115(a) and (c), Government
39 Code, refer to a Medicaid "client." An individual who
40 receives benefits under Medicaid is generally referred
41 to as a "recipient." The revised law substitutes
42 "recipient" for "client" for accuracy and consistency
43 throughout Subtitle I, Title 4, Government Code, which
44 includes this chapter.

45 (2) Section 531.02115(b), Government Code,
46 provides that "[i]n addition to the requirements of
47 Subsection (a)" of Section 531.02115, certain health
48 care providers must comply with certain guidelines.
49 The revised law omits the quoted language as
50 unnecessary because the provisions of Section
51 531.02115(a), which is revised as Subsection (a) of
52 this section, apply to a provider by their own terms.

1 Revised Law

2 Sec. 545.0203. REIMBURSEMENT CLAIMS FOR CERTAIN MEDICAID OR
3 CHILD HEALTH PLAN SERVICES INVOLVING SUPERVISED PROVIDERS. (a) In
4 this section, "national provider identifier" means the national
5 provider identifier required under Section 1128J(e), Social
6 Security Act (42 U.S.C. Section 1320a-7k(e)).

7 (b) If a Medicaid or child health plan program provider,
8 including a nurse practitioner or physician assistant, provides a
9 referral or orders health care services for a Medicaid recipient or
10 child health plan program enrollee at the direction or under the
11 supervision of another provider and the referral or order is based
12 on the supervised provider's evaluation of the recipient or
13 enrollee, the names and associated national provider identifier
14 numbers of the supervised provider and the supervising provider
15 must be included on any claim for reimbursement a provider submits
16 based on the referral or order.

17 (c) The executive commissioner shall adopt rules necessary
18 to implement this section. (Gov. Code, Sec. 531.024161.)

19 Source Law

20 Sec. 531.024161. REIMBURSEMENT CLAIMS FOR
21 CERTAIN MEDICAID OR CHILD HEALTH PLAN SERVICES
22 INVOLVING SUPERVISED PROVIDERS. (a) If a provider,
23 including a nurse practitioner or physician assistant,
24 under Medicaid or the child health plan program
25 provides a referral for or orders health care services
26 for a recipient or enrollee, as applicable, at the
27 direction or under the supervision of another
28 provider, and the referral or order is based on the
29 supervised provider's evaluation of the recipient or
30 enrollee, the names and associated national provider
31 identifier numbers of the supervised provider and the
32 supervising provider must be included on any claim for
33 reimbursement submitted by a provider based on the
34 referral or order. For purposes of this section,
35 "national provider identifier" means the national
36 provider identifier required under Section 1128J(e),
37 Social Security Act (42 U.S.C. Section 1320a-7k(e)).

38 (b) The executive commissioner shall adopt
39 rules necessary to implement this section.

40 Revised Law

41 Sec. 545.0204. PARTICIPATION OF DIAGNOSTIC LABORATORY
42 SERVICE PROVIDERS IN CERTAIN PROGRAMS. Notwithstanding any other
43 law, a diagnostic laboratory may participate as an in-state

1 provider under any program a health and human services agency or the
2 commission administers that involves diagnostic laboratory
3 services, regardless of the location where any specific service is
4 performed or where the laboratory's facilities are located, if:

5 (1) the laboratory or an entity that is a parent,
6 subsidiary, or other affiliate of the laboratory maintains
7 diagnostic laboratory operations in this state;

8 (2) the laboratory and each entity that is a parent,
9 subsidiary, or other affiliate of the laboratory collectively
10 employ at least 1,000 individuals at places of employment located
11 in this state;

12 (3) the laboratory is otherwise qualified to provide
13 the services under the program; and

14 (4) the laboratory is not prohibited from
15 participating as a provider under any benefits program a health and
16 human services agency or the commission administers based on
17 conduct that constitutes fraud, waste, or abuse. (Gov. Code, Sec.
18 531.066.)

19 Source Law

20 Sec. 531.066. PARTICIPATION OF DIAGNOSTIC
21 LABORATORY SERVICE PROVIDERS IN CERTAIN PROGRAMS.
22 Notwithstanding any other law, a diagnostic laboratory
23 may participate as an in-state provider under any
24 program administered by a health and human services
25 agency or the commission that involves diagnostic
26 laboratory services, regardless of the location where
27 any specific service is performed or where the
28 laboratory's facilities are located if:

29 (1) the laboratory or an entity that is a
30 parent, subsidiary, or other affiliate of the
31 laboratory maintains diagnostic laboratory operations
32 in this state;

33 (2) the laboratory and each entity that is
34 a parent, subsidiary, or other affiliate of the
35 laboratory, individually or collectively, employ at
36 least 1,000 persons at places of employment located in
37 this state; and

38 (3) the laboratory is otherwise qualified
39 to provide the services under the program and is not
40 prohibited from participating as a provider under any
41 benefits programs administered by a health and human
42 services agency or the commission based on conduct
43 that constitutes fraud, waste, or abuse.